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HI-LIGHTS AND SIRENS Memo Series 00-04

October 2000

TO: Ambulance Service Providers
Ambulance Service Medical Directors
EMS Training Centers
First Responder Organizations
EMS Coordinators
EMS Advisory Board
Emergency Physicians Advisory Committee

FROM: Bureau of EMS and Injury Prevention
Wisconsin Emergency Medical Services Systems Section

RE: Updates to the Levels of Prehospital Care



The EMT Basic

The State of Wisconsin, Department of Health and Family Services (DHFS), Division of Public Health, EMS Systems Section and the EMS Physician Advisory Committee have approved the use of three new skills/medications at the EMT-Basic level of care. These skills/medications include aspirin for chest pain, nebulized albuterol for respiratory distress and glucagon for insulin shock. These skills/medications will be allowed at the discretion of the ambulance service director and the medical director after specific requirements (outlined below) have been met.

EMT Basic classes will add 10-12 hours of instruction to cover these three skills/medications. Existing EMTs-Basic will need to attend additional training to learn them. This training can be held for individual services or for larger groups. An individual(s) with knowledge in the skills (i.e. EMT-Intermediate, Paramedic, RN, or MD) that is approved by the medical director can be the instructor but must follow specific training modules. The training modules and protocols have been reviewed and approved by the EMS Advisory Board and the Physician Advisory Committee. They have been sent to the service medical director. Instruction can begin immediately.



The ambulance service must have approval from the Department of Health and Family Services, Bureau of EMS and Injury Prevention before beginning to use these additional skills. To receive that approval, the following must be submitted to the EMS Systems Section:

- A letter from the service medical director and service director accepting the new skills/medications. This letter should identify the instructor(s) to be used in training existing EMTs and his/her qualifications. It should also include a statement agreeing to use the existing approved training modules.
- Copies of the protocol for each skill/medication being used, signed and dated by the service medical director.
- As the administration of glucagon requires the use of a glucometer, a Certified Laboratory Improvement Act (CLIA) waiver must be obtained. Include a copy of the CLIA waiver. (Information on obtaining a CLIA waiver appears on page 4 of this newsletter.)

These documents will be accepted and reviewed effective immediately. **Approval for the use of these skills will be granted in writing once Administrative Rule HFS 110 has been approved and the above requirements have been received. The Administrative Rule is expected to be approved by January 2001.**

These new skills/medications bring the EMT-Basic scope of practice to include the skills and medications in the 1994 Department of Transportation (DOT) EMT-Basic curriculum plus advanced airways and the three optional medications, nebulized albuterol, aspirin and glucagon. Questions should be addressed to Nicky Anders at the address above, by phone at (608) 266-0737 or by e-mail at andernj@dhfs.state.wi.us



EMT-Basic IV Tech

A new skill level will be available at the EMT-Basic level effective March 2001. This will be the EMT-Basic IV Tech. EMTs-Basic who have been trained in all available advanced skills will be eligible to take the EMT-Basic IV Tech Course. This 60-hour course (approximate hours) will enable the newly created EMT-Basic IV Tech to keep and administer nitroglycerin for chest pain, D-50, narcan, atrovent, and certain intravenous fluids. With an additional training module, these EMTs will be able to place an endotracheal tube in addition to a combitube. Again, instruction to this new level of care will be available beginning March 2001. Implementation of these new skills will be based on approval of an advanced skill plan for the ambulance service and successful completion of the course and mastery of course competencies by the EMTs with the service.



What Will Happen To The EMT-Intermediate Level

The EMT-Intermediate curriculum is changing substantially, as is the scope of practice for EMTs-Intermediate in Wisconsin. A new curriculum (hours to be determined as curriculum is revised but 350-400 hours of training are anticipated) will be available September 2001. The "new" EMT-Intermediate curriculum will include current "enhanced" Intermediate skills and medications consisting of the administration of certain cardiac drugs (epinephrine 1:10,000, atropine, lidocaine, and adenosine), Valium



for seizures, morphine for pain, Lasix for congestive heart failure, and EKG interpretation, intraosseous infusions, and needle chest decompression.

Existing EMTs-Intermediate of a current EMT-Intermediate service who chose not to upgrade (continue at the new EMT-Intermediate level) will go to the EMT-Basic IV Tech level effective July 1, 2002.



Existing EMTs-Intermediate of a current EMT-Intermediate service who want to upgrade have until June 30, 2004 to successfully complete a bridge course (hours yet to be determined but expected to be 200-300 hours). That course will be available after September 2001.

A bridge course between the EMT-Basic IV Tech level (new trainees) and the new EMT-Intermediate level will **not** be possible.

A plan or new plan will be required for services moving to the EMT-Basic IV Tech level or the new EMT-Intermediate level as well as services moving to the EMT-Paramedic level. Contact the appropriate EMS Systems Section staff (below) for plan information and requirements.

Terry Gonderzik	EMT-Paramedic	(608) 266-8853 or gondetl@dhfs.state.wi.us
Dave Beyer	EMT-Intermediate	(608) 266-0471 or beyerda@dhfs.state.wi.us
Nicky Anders	EMT-Basic IV Tech	(608) 266-0737 or andernj@dhfs.state.wi.us

We strongly suggest that services considering a move to a more advanced level of care contact the appropriate program coordinator to discuss their options **prior** to initiating the planning process or training.



The EMT-Paramedic

A new curriculum at the EMT-Paramedic level will require a minimum of 1000 hours. Changes to the curriculum include the addition of skills such as using a 12 lead EKG, rapid sequence intubation, and bi-pap, and additional medications such as thrombolytics. Although some training centers will begin using the new curriculum in the fall of 2000, all training centers must be using the new curriculum by the fall of 2001.



Minimum Course Training Hours

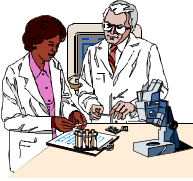
The new curriculums for the EMT-Basic IV Tech, EMT-Intermediate and EMT-Paramedic levels will have a set minimum number of course hours. Successful completion of these courses will not only depend upon completion of the course work, but also on mastery of identified course competencies. Therefore, successful completion of the curriculum may require that the minimum number of course hours set be exceeded as it may take longer for some students to master course competencies.





Clinical Laboratory Improvement Amendments Of 1988

CLIA Waivers



The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations apply to laboratory tests performed in the ambulance. Drawing blood is not considered a part of the CLIA regulations, but testing that blood in any way (for diagnosis or health assessment) on the ambulance is regulated.

About the only test that is actually performed on an ambulance is a blood glucose test. A CLIA certificate of waiver is required for the blood glucose test. While Paramedic and Intermediate ambulance services may routinely perform a blood glucose test as part of the patient assessment, Basic life support (BLS) ambulance services should only be performing the blood glucose test as part of an approved glucagon administration plan and protocol.

Services operating at the EMT-Paramedic, EMT-Intermediate, EMT-Basic IV Tech, or EMT-Basic level using the glucometer and glucagon must have a current CLIA waiver. A certificate of waiver can be obtained if the ambulance service is using a blood glucose test device approved by the FDA for home use. This certificate must be applied for prior to employing the technique and device. EMS providers with multiple units may apply for a single certificate of waiver for the address of the home base. The \$150 certificates are good for two years. Again, all ambulance service providers performing blood glucose testing must have a CLIA certificate of waiver. To request a certificate of waiver application, call the Wisconsin Department of Health and Family Services, Clinical Lab Unit at (608) 266-5753.



Drug Enforcement Agency (DEA) Requirements For Mid-Level Practitioners Dispensing and Obtaining Medications

It has come to the Bureau of EMS and Injury Prevention's attention that a DEA registration number is required for mid-level practitioners to legally obtain and dispense certain restricted medications such as morphine, Versed, Ativan and Valium. Ambulance services at the Paramedic, current Enhanced Intermediate and future Intermediate levels are considered to be mid-level practitioners when approved by their Medical Director to use these medications and are not operating under a hospital DEA registration number. Many options for meeting the acquisition, storage and inventory requirements of (federal regulations) 21CFR 1300 and 1301 are available.

One option is to purchase medications under a hospital's DEA registration number. This option depends on the hospital's willingness and approval to allow the ambulance service to operate under their DEA registration. A formal agreement must exist between the hospital and ambulance service provider as to the acquisition, storage and inventory of these drugs.

Another is to apply for an individual DEA registration number. Please contact the Wisconsin DEA Office in Milwaukee at 414-297-3395 for more information.

